

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029973

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7551

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN ST. LOUIS, MO.

Length of stay in 1b

1 Week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY

OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location) 2323a Michigan

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

GEORGE

Middle

Last

GRAU

4. DATE OF DEATH

Month

Day

Year

7

21

63

5. SEX

Male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-9-1920

9. AGE (last birthday)

43

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Photographer

10b. KIND OF BUSINESS OR INDUSTRY

Snodgrass Laboratory

11. BIRTHPLACE (City and state or country)

St. Louis

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Emil J. Grau

13b. MOTHER'S MAIDEN NAME

Anna C. Morrissey

14. NAME OF HUSBAND OR WIFE

Lucia Casarella Grau

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes World War 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lucia Grau 2323a Michigan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

cerebrovascular accident

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

acute monocytic leukemia

DUE TO (c)

204.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

staphylococcal pneumonia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-18-63

to 7-21-63

and last saw her him alive on 7-21-63

Death occurred at

11:45 a.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

7-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-24-63

23c. NAME OF CEMETERY

National Jefferson

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Weick Bros

2201 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

JUL 23 1963

26. REGISTRAR'S SIGNATURE

Red Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

37490

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.